

471-000-92 Instructions for Completing Form MC-37, "Service Provider Time Sheet"

Use: Form MC-37 is used by service providers to record the number of hours and the services provided to clients.

Number Prepared: One copy of the two-part Form MC-37 is completed.

Completion: The service provider must complete Form MC-37 as follows:

Enter the client's name and case number.

Enter the dates of the week in which services are being provided.

Enter the time you begin working each day in the "From" column for that specific day of the week. Enter the time you stopped working each day in the "To" column for that specific day of the week. Enter total number of hours worked for that day. At the end of each week, enter the total number of hours worked during the week.

Enter a description of specific services provided each day.

Signature: At the end of employment or at the end of two weeks, the service provider must sign and date this form, and include his/her address and provider number.

The client must sign and date this form after it is completed by the provider.

Distribution: The service provider sends Form MC-37 (white copy) to the client's local office with Form MC-82 and retains the yellow copy.

Retention: Local staff retains Form MC-37 (white copy) as part of the client's case record.

SERVICE PROVIDER TIME SHEET

Nebraska Health and Human Services System



This time sheet is a legal document completed by you to reflect accurately the dates and units of service provided. Both the provider and the client sign and date the time sheet verifying the accuracy of this form. Enter the time you begin and the time you stop working each day service is provided. A description of services provided must be recorded daily and the hours totaled. Time sheets and billing documents should be submitted within 90 days of service and can be submitted bi-weekly or monthly. Return time sheet and corresponding billing document to your specified worker.

Client's Name _____									Client's Number _____									
Week of _____																		
Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Week Hours	Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Week Hours	
From									From									
To									To									
Total									Total									
DESCRIPTION OF SERVICES PROVIDED									DESCRIPTION OF SERVICES PROVIDED									
Monday									Monday									
Tuesday									Tuesday									
Wednesday									Wednesday									
Thursday									Thursday									
Friday									Friday									
Saturday									Saturday									
Sunday									Sunday									

I hereby certify that the above hours/days are correct and accurate.			Provider Number _____		
Sign Here (Provider) _____			Date _____		
Street Address _____			City _____		State _____
Sign Here (Client) _____					Date _____